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# Preface

We have had many opportunities over the years to write research articles, book chapters, and other texts. Preparing this particular text is always a joy. As clinical voice pathologists, the suggestions made for treatment of various voice disorders by our colleagues and friends are so meaningful to our own clinical development. We are all challenged daily by difficult clinical questions. It is our hope that the expertise offered in these pages will serve the reader well in answering some of these questions.

Our knowledge and understanding of clinical voice disorders continues to evolve, making this type of communication disorder an exciting and dynamic area of practice. Indeed, the science of voice production, as well as the evaluation and management of its disorders, is a formidable specialty within the professions of speech-language pathology and otolaryngology. One of the most exciting aspects of practicing clinical voice pathology is the opportunity to participate in the interdisciplinary team approach to the care of patients with voice disorders. Voice scientists and physiologists have greatly advanced our techniques for objectively evaluating voice production and treating voice disorders. Laryngologists are concerned with the medical and surgical management of voice disorders and utilize appropriate pharmacologic and surgical treatments to aid patients with voice disorders. Voice pathologists are concerned with discovering the causes of the voice problem and eliminating and modifying these causes to

improve overall voice production. Finally, other specialists, such as singing teachers and vocal coaches, are concerned with maximizing the use of the performance voice. Interdisciplinary voice clinics utilize many or all of these professionals in a multidisciplinary team approach for management of clinical voice disorders to enhance patient outcomes.

As the knowledge of voice production continues to expand, so, too, have the publications dedicated to describing this knowledge. Currently, there are excellent texts and journals dedicated to describing the scientific understanding of voice. Other publications are available to help prepare students to evaluate and manage clinical voice disorders. By necessity, these texts must include great quantities of didactic information so that the student learns not only “how” but “why.” To utilize a management approach without understanding the underlying basis of the approach is inappropriate. Nonetheless, because of the breadth of material necessary in these texts, therapeutic methods for voice disorders often are given only a cursory and generalized discussion.

The purpose of this text is to provide both the student and the working clinician with a broad sampling of management strategies as presented by master voice clinicians, laryngologists, and other voice care professionals. The text is meant to serve as a practical adjunct to the more didactic publications.

Utilizing the format of case studies, complete descriptions of diagnostic and

therapeutic methods are provided for a full array of voice disorders. Chapter 1 includes information on the various philosophies of treatment. With the maturation of the voice care specialty, different schools of thought have evolved regarding treatment designs. These philosophical orientations include hygienic, symptomatic, psychogenic, physiologic, and eclectic orientations. Each orientation is discussed and illustrated with a representative case study.

Chapter 2 comments on various voice evaluation techniques. These techniques include the formal questionnaire, the patient interview, perceptual voice analysis, patient self-assessment and instrumental assessment of voice production. The role of the evaluation process as a part of the overall management plan is also discussed.

Chapter 3 discusses treatment approaches for voice disorders caused by vocal hyperfunction. This chapter provides information regarding the types of behaviors that lead to the development of common laryngeal pathologies. Management approaches for both children and adults including hygiene programs, symptomatic modifications, attention to psychosocial issues, and direct physiologic exercises are presented in illustrative case studies.

Treatments for various etiologies of glottal incompetence are described in Chapter 4. Management for voice fatigue, presbylaryngeus, and vocal fold paralysis are described, including direct voice therapies, surgical intervention, and a combination of these approaches. Many voice facilitating techniques are discussed.

Chapter 5 presents management strategies for various functional voice disorders. These include disorders caused by environmental stress, muscle tension

dysphonia, functional aphonia, and male and female functional falsetto.

Because of the voice pathologist's unique blend of knowledge regarding upper respiratory physiology and behavior modification, we have become the caregivers for complex respiratory and laryngeal disorders. Chapter 6 provides several detailed case studies regarding the various etiologies, patient profiles, evaluation and treatment approaches used with those diagnosed with irritable larynx syndrome. Included in this category are chronic cough and vocal cord dysfunction (VCD). These cases include treatments for laryngopharyngeal reflux and VCD in the young child, young athlete, and elite athlete.

The professional voice user may present with any or all of the wide variety of voice disorders that also may be experienced by nonprofessional voice users. The consequences of a voice disorder on the professional's life and livelihood, however, create unique difficulties and the need for specialized treatment. For this reason, Chapter 7 presents case studies for the full range of professional voice users—from the elite vocal performer to the student in training. In addition, cases also are described from the perspective of a singing voice specialist and an acting voice coach.

Chapter 8 discusses management approaches for neurogenic voice disorders including spasmodic dysphonia, Tourette syndrome, and Parkinson disease. Although the incidence of these insidious disorders is low, the impact of the conditions on those who suffer from them is immeasurable. Direct voice therapy, surgical intervention, Botox injections, and combination management approaches are described.

The final chapter is devoted to a discussion of successful voice therapy and

patient compliance. What makes therapy successful or unsuccessful? This chapter looks at both the therapist and the patient and describes the pitfalls that may influence the ultimate goal of therapy: improved vocal function.

As with the first two editions, the most exciting element in the preparation of this text was the support received by the master clinicians who graciously submitted these case studies. What a wonderful opportunity it is to learn from those who are in the trenches, experts who embody not only superior clinical skills, but a wonderful insight as to why they do what they do. We are deeply indebted to all of them and proudly offer their collective expertise. We are certain that the reader will benefit from their vast clinical experiences.

Text preparations are extremely time-consuming and require many hours of tedious work. Checking and preparing

references, organizing tables, figures, and their legends, reading and rereading in an attempt to make the intent clear to those we are trying to reach are only a few of the tasks involved. We were so very fortunate in the preparation of this text to have the invaluable editorial assistance of Whitney Casey-Heatherman and Caroline Banks, graduate students in Communication Disorders at Marshall University. They graciously offered multiple hours completing the final edits. Their wonderful good humor and “can do” attitudes are greatly appreciated. We would also like to acknowledge the support, guidance, and encouragement of the Plural professionals including Stephanie Meissner, Sandy Doyle, Angie Singh, and Brian Phillips. It is always a pleasure to work with a supportive, creative team.

Finally, with deep appreciation, we thank our patients and clients who have taught us so much.

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